PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE L. E. Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS. This form should be used for trunsmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

CURRENT CURRESPONDENCE ADDXESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mutave its own certificate of mailing or transmission.			
23370	7590 104	07/2008					t-st
JOHN S. PRA	TT. ESO			I hereby certify that the	rtificate of Mailis nis Fee(s) Transm	ittal is heing e	francisco saist de l'Inie
	TOCKTON, LLP	tra	nsmitted by	States Postal Service	with sufficient per	tago for first	oless meil in an cavelor
1100 PEACHTR		Onl	ine EFS	transmitted to the USP	TO (\$71) 373 38	5 on the date	e indicated below.
ATLANTA, GA		Web		Apgela M			
				Augels M	- KOBBI		(Depositur's narre
	•			ungela	<u></u>	Lossi.	(Signature
			,	Jandary	6 20	09	(Detr
APPLICATION NO	FILING DATE		FIRST NAMED INVEN	TOR ATTORNE		KET NO.	CONFIRMATION NO.
10/517,419	12/08/2004		Petrice Martinez		41052:309	048	2579
TILE OF INVENTION.	PROTECTIVE HEAD	DGEAR EQUIPMENT W	ITH RESPIRATIOR A RESPIRATOR	ND OPTICAL SHIELI	D		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JE PREV. PAID ISSUE	FEE TOTAL	EE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	S	1810	01/07/2009
EXAMI		ART UNIT	CLASS-SUBCLASS				
MATTER, KRIST		3771	128-201220				
Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. *Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Costomer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
ASSIGNEE NAME AN	D PESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print of	(vne)			
		ified below, no assignee oletion of this form is NO			e is identified be	low, the docu	ment has been filed for
(A) NAME OF ASSIGN				TY and STATE OR CO			
INTERTECHNIQUE			FRANCE				
ease check the appropria	e assignee calegory or	categories (will not be pr	inted on the patent):	☐ Individual ■ Cor	poration or other	private group	entity 🛘 Government
			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)				
Issue Fee			A check is enclosed.				
Publication fee (No small entity discount permitted) Advance Order - # of Copies 10			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number				
Change in Entity Status	•	•	D b. Applicant is no le				
OTE: The Issue Foe and I	ublication Fee (if requ	ired) will not be accepted es Patent and Trademark	from anyone other than				
Authorized Signature Kustin Crall				Date Jar	nuary 6,	2009	
	Kristin	M. Crall		Registration No	46895		•
Typed or printed name		R 1.311. The information	n is required to obtain o	retain a benefit by the	public which is a	ille (and by	the USPTO to process)
is collection of informati application. Confidential mitting the completed a form and/or suggestion x 1450, Alexandria, Virg	lity is governed by 35 to pplication form to the sfor reducing this burginia 22313-1450. DO	U.S.C. 122 and 37 CFR 1 USPTO. Time will vary den, should be sont to the NOT SEND FEES OR C	depending upon the ind Chief Information Offic OMPLETED FORMS	ividual case. Any com cer, U.S. Patent and To TO THIS ADDRESS.	ments on the amorademark Office, SEND TO: Comm	ount of time you. U.S. Departments for P	ou require to complete ent of Commerce, P.O. latents, P.O. Box 1450,
s collection of informati application. Confidential mitting the completed a form and/or suggestion (1450, Alexandria, Virg xandria, Virginia 22313	ity is governed by 35 pplication form to the sfor reducing this bure inia 22313-1450. DO 1450.	U.S.C. 127 and 37 CFR 1 USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C croons are required to res	OMI LETED TOKALI	TO THIS ADDRESS.	BEND 10. Com	11321011-4 101 1	attain, 1 35. this 1450,

OMB 0651-0033

U.S. Patent and Hidemark Office; U.S. DEPARTMENT OF COMMERCE